



**Mission:** To inspire lifelong learning and leadership through experience, excellence and innovation.  
**Vision:** Transforming the future through innovative learning.  
**Values:** We value learner success, integrity, respect, community, excellence and innovation.

LEADING.  
LEARNING.  
SINCE 1913.

## LAKELAND COLLEGE SOS ENHANCED BURSARY PROGRAM

The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* for the purpose of determining your eligibility for awards. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; [FOIP@lakelandcollege.ca](mailto:FOIP@lakelandcollege.ca)).

**DEADLINE FOR APPLICATION: MAY 31, 2019**

Submit via email to: [financialaid@lakelandcollege.ca](mailto:financialaid@lakelandcollege.ca)

### CRITERIA

Available to students enrolled full-time at Lakeland College, who are from Western Canada, with significant financial need. Preference will be given to students who are not receiving funding from an outside agency. Awarded based on financial need and satisfactory academic standing.

APPLICANTS MUST COMPLETE ALL SECTIONS OF THIS FORM IN ORDER TO BE CONSIDERED

### PERSONAL INFORMATION

Lakeland College Student ID#:	Social Insurance Number (Required):		
Last Name:	First Name(s):		
Permanent/Home Address: Street/Box # _____ Town _____ Prov. _____ PC _____ Cell Phone # _____ Email Address _____	Sex:	Date of Birth: (dd/mm/yyyy)	Current Age:
	# of Dependents:		Marital Status:
	For award purposes, please declare Indigenous Heritage (Optional)		
	<input type="checkbox"/> First Nations (Status/Non-Status Indian) <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Not applicable		
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student Visa			
Program of Study Fall 2019:	Campus:	Year of Study: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

### ANTICIPATED BUDGET FOR THE UPCOMING ACADEMIC YEAR

Complete the following budget for the 2019/20 ACADEMIC YEAR. Spousal/Dependent resources and/or expenses should be included in totals, if applicable.			
Total Resources For The 2019/20 Academic Year		Total Expenses For The 2019/20 Academic Year	
Government Student Loan	\$	Tuition and Fees	\$
Bank Student Loan or Line of Credit	\$	Books and Supplies	\$
Sponsorship (Who? _____)	\$	Field Trips/Practicums	\$
RESP	\$	Rent _____ X _____ Month(s) =	\$
Pre-Study Savings	\$	Utilities _____ X _____ Month(s) =	\$
Parental/ Spousal Contribution	\$	Food _____ X _____ Month (s) =	\$
Scholarships/Bursaries	\$	Transportation _____ X _____ Month(s) =	\$
Part-time Earnings (while in school)	\$	Childcare (if applicable) _____ X _____ Month(s) =	\$
Other Income _____	\$	Other Expenses _____ X _____ Month(s) =	\$
<b>TOTAL INCOME</b>	\$	<b>TOTAL EXPENSES</b>	\$
Comments:			

**ADDITIONAL FINANCIAL INFORMATION**

1. How much do you expect to earn in the 4 months prior to fall registration? \$ \_\_\_\_\_ Number of weeks employed \_\_\_\_\_

2. If you will not be employed for the full 16 weeks, please provide an explanation.

3. List any bursaries and/or scholarships received for the previous and/or upcoming academic year.

4. Current value of your assets: Savings and Investments \$ \_\_\_\_\_ Vehicle \$ \_\_\_\_\_

5. Who are the wage earners in your family?

Self - Total Annual Income (line #150 on your 2018 Tax Return) \$ \_\_\_\_\_

Spouse (if applicable) - Total Annual Income (line #150 on their 2018 Tax Return) \$ \_\_\_\_\_

Parents - Total Annual Income (line #150 on their 2018 Tax Return) \$ \_\_\_\_\_ # of Siblings in Family? \_\_\_\_\_

(NOTE: Parent Income must be provided by all single students who have been out of high school less than four years or not available to the workforce for two periods of 12 consecutive months)

**IF YOU EXPERIENCED ANY FINANCIAL BARRIERS OR HARDSHIPS THAT WOULD PREVENT YOU FROM PURSUING YOUR POST-SECONDARY EDUCATION, PLEASE EXPLAIN. (ATTACHMENTS ACCEPTED)**

**PLEASE DESCRIBE YOUR EDUCATION/CAREERS OBJECTIVES AND HOW YOU HAVE OVERCOME FINANCIAL BARRIERS/CHALLENGES TO PURSUE YOUR EDUCATION. (ATTACHMENTS ACCEPTED)**

I hereby declare that the information in this application and its attachment(s) is correct and complete and I understand that it will be used in determining my eligibility for this award. I also grant permission for my name, hometown, and award information to be released publicly if I am a recipient of this award. Information on recipients of bursaries that are strictly based on financial need will not be released publicly. If I do not wish my name and award information to be released publicly I may contact the Financial Aid & Awards Office to request that this information not be disclosed. However, I understand that certain limited information may be shared with the donor and provincial or federal government for reporting and tax purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**All information will remain CONFIDENTIAL\***